

Practitioner's Docket No. AB-117U1

**PATENT**

I certify that on June 21, 2005, which is the date I am signing this certificate, this correspondence and all identified attachments are being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Peter L. Holmes

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

**In re application of:** Voelkel, Andrew W.

Confirmation No.: 4797

Application No.: 10/684,863

Art Unit: 3762

Filing Date: 10/14/2003

Examiner: Mullen, Kristen Droesch

For: Envelope-Based Amplitude Mapping For Cochlear Implant Stimulus

**Mail Stop Amendment**

**Commissioner for Patents**

**P.O. Box 1450**

**Alexandria, VA 22313-1450**

**AMENDMENT TRANSMITTAL**

1. Transmitted herewith is an amendment for this application.

**STATUS**

2. Applicant is other than a small entity.

**EXTENSION OF TERM**

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply. Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

## FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

	(Col. 1)	(Col. 2)	(Col. 3)	OTHER THAN A SMALL ENTITY			
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE		ADDIT. FEE
TOTAL	11	– 20	= 0	x	\$ 50.00	= \$	0.00
INDEP.	6	– 3	= 3	x	\$ 200.00	= \$	600.00
FIRST PRESENTATION OF MULTIPLE DEP. CLAIM				+	\$ 0.00	= \$	0.00
					TOTAL		
					ADDIT. FEE	\$	600.00

Total additional fee for claims required \$600.00

## FEE PAYMENT

5. Attached is a check in the sum of \$600.00.

Any additional fees which are required in connection with this communication and which are not specifically provided for herewith are authorized to be charged to deposit account no. 500651.

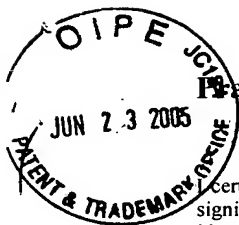
Date: June 21, 2005

Reg. No.: 37,353  
Tel. No.: 310-563-1454  
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Signature of Practitioner  
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IPW



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**AMENDMENT**

Dear Sir:

In response to the Office Action mailed on March 22, 2005, please amend the above-referenced application as follows:

**Amendments to the Claims** are reflected in the listing of claims which begins on page 2 of this paper.

**Remarks/Arguments** begin on page 6 of this paper.